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September 28, 2010

FACSIMILE COVER SHEET

Page 1 of 16

TO: Mail Stop RCE Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450	RE: Application No. 10/530,504 Filing Date: April 6, 2005
TELEPHONE: (571) 272-3766 Examiner: Carlos Ortiz-Rodriguez	FACSIMILE: (571) 273-8300

MESSAGE

The following documents are submitted with this Cover Sheet:

Request for Continued Examination (RCE) Transmittal
Amendment Pursuant to 37 C.F.R. §1.114
Transmittal Sheet

CONFIDENTIALITY NOTE:

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GARY M. COHEN, ESQ.

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Attorney's Reference: CIRTESS.D16

In re the Application of: Claude BARLIER, ET AL.

Application No.: 10/530,504

Filing Date: April 6, 2005

For: MECHANICAL COMPONENT HAVING AT LEAST ONE FLUID TRANSPORT
CIRCUIT AND METHOD FOR DESIGNING SAME IN STRATA

Mail Stop RCE
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an Amendment for the above-identified application.

- [X] Small entity status of this application under 37 C.F.R. §1.9 and §1.27 has previously been established.
- [X] A "Request for Continued Examination (RCE) Transmittal" is enclosed. Also enclosed is the fee (\$405.00) required for filing this Request under 37 C.F.R. §1.17(e).
- [X] No additional fee for claims is required.

	(Col. 1)		(Col. 2)		(Col. 3)	SMALL ENTITY	OTHER THAN SMALL ENTITY
	CLAIMS AFTER AMENDMENT		HIGHEST NO. PREVIOUSLY PAID FOR		PRESENT EXTRA	ADDITIONAL FEE	ADDITIONAL FEE
TOTAL	25	MINUS	44	=	0	x 26 = \$	x 52 = \$
INDEPENDENT	1	MINUS	3	=	0	x 110 = \$	x 220 = \$
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						+ 195 = \$	+ 390 = \$
						TOTAL = \$	OR TOTAL = \$

- [X] It is hereby petitioned for an extension of time in accordance with 37 C.F.R. §1.136(a). The appropriate fee required by 37 C.F.R. §1.17 is calculated as shown below.

Small Entity

Response filed within:

- [] first - \$ 65.00
- [] second - \$245.00
- [X] third - \$555.00
- [] fourth - \$865.00

month after time period set

Other than Small Entity

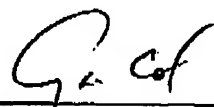
Response filed within:

- [] first - \$ 130.00
- [] second - \$ 490.00
- [] third - \$1,110.00
- [] fourth - \$1,730.00

month after time period set

- [X] Please charge my Deposit Account No. 03-2405 in the amount of \$ 960.00 .
- [] A check in the amount of \$ _____ is attached.
- [X] The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 03-2405. A duplicate copy of this sheet is attached.
- [X] Any filing fees under 37 C.F.R. §1.16 for the presentation of extra claims.
- [X] Any patent application processing fees under 37 C.F.R. §1.17.

September 28, 2010
(date)


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